

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**FULBRIGHT & JAWORSKI L L P FEDERAL COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Mailing Address 601 S GLENOAKS BLVD  
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

**Transaction ID : SB23.7508**

Amount of Each Disbursement this Period

1000.00
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Candidate Name

**COMMITTEE TO RE-ELECT LINDA SANCHEZ**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 39Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO RE-ELECT LORETTA SANCHEZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2012

Mailing Address 601 S GLENOAKS BLVD.  
Suite 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement

**Transaction ID : SB23.7511**

Amount of Each Disbursement this Period

1000.00
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Candidate Name

**COMMITTEE TO RE-ELECT LORETTA SANCHEZ**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 47Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. HEALTH CARE LEADERSHIP COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2012

Mailing Address 221 East Capital Avenue

City Jefferson City State MO Zip Code 65101

Purpose of Disbursement

**Transaction ID : SB23.7507**

Amount of Each Disbursement this Period

1000.00
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Candidate Name

**HEALTH CARE LEADERSHIP COMMITTEE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Convention**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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